

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/303,514

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	✓						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13	✓						63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24	✓						74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31	✓						81							
32							82							
33							83							
34							84							
35							85							
36	✓						86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43	✓						93							
44							94							
45							95							
46							96							
47							97							
48							98							
49	✓						99							
50							100							
TOTAL IND.	7						TOTAL IND.	7						
TOTAL DEP.							TOTAL DEP.	47						
TOTAL CLAIMS	7						TOTAL CLAIMS	54						